

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/247,219	02/10/99	426	1761	862.004US1

APPLICANT

PEGGY M. TOMASULA, TITUSVILLE, NJ.

CONTINUING DOMESTIC DATA***

VERIFIED

P.D.

371 (NAT'L STAGE) DATA***

VERIFIED

P.D.

FOREIGN APPLICATIONS***

VERIFIED

P.D.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/25/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 0	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 1
Verified and Acknowledged <i>P.D.</i>	Examiner's Initials _____ Initials _____				

ADDRESS

JOSEPH A LIPOVSKY
 USDA ARS OTT NATIONAL CENTER FOR
 AGRICULTURAL UTILIZATION RESEARCH
 1815 NORTH UNIVERSITY STREET
 PEORIA IL 61604

TITLE

PRODUCTION OF HIGH PROTEIN CONCENTRATES

FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
------------------------------	---	---



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7387

SERIAL NUMBER 09/247,219	FILING DATE 02/10/1999 RULE	CLASS 426	GROUP ART UNIT 1761	ATTORNEY DOCKET NO. 862.004US1
-----------------------------	---------------------------------------	--------------	------------------------	--------------------------------------

APPLICANTS

PEGGY M. TOMASULA, TITUSVILLE, NJ;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/25/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance		DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature _____ Initials _____	NJ	0	14	1

ADDRESS

25712
 USDA-ARS-OFFICE OF TECHNOLOGY TRANSFER
 NATIONAL CTR FOR AGRICULTURAL UTILIZATION RESEARCH
 1815 N. UNIVERSITY STREET
 PEORIA , IL
 61604

TITLE

PRODUCTION OF HIGH PROTEIN CONCENTRATES

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
RECEIVED 760		